

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Verde

(b) City or town Hevada
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 2.5 years years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (County Verde)

(c) City or town Hevada
(If outside city or town limits, write "RURAL.")

(d) Street No. Route # 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM LLOYD HOGAN

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1943 hour 3 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Hogan alive 68 years

7. Birth date of deceased Nov 22 1880
(Month) (Day) (Year)

Immediate cause of death Decapitation

Due to being run over by train

Due to _____

Other conditions (include pregnancy within 3 months of death) 169.20

8. AGE: Years 62 Months 2 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Beetsburg, D. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER {

11. Industry or business _____

12. Name Joseph E. Hogan

13. Birthplace Harold Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Martha E. Williams

15. Birthplace Washville 1 Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant A. F. West

(b) Address Nebraska, Rt 1 No.

17. (a) Special (b) Date thereof Feb 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steppe Cemetery

18. (a) Signature of funeral director Steppe Funeral Home

(b) Address Nebraska, Mo.

19. (a) 2-8-43 (b) Bozel B. Bewick
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 118

(b) Date of occurrence 2-7-43

(c) Where did injury occur? Railroad Vtd. Nevada, vevada Co. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Train

While at work? _____ (Specify type of place)

(e) Means of injury Corner

23. Signature P. Maxton Davis (M. D. or nurse) 3

Address Nevada, Mo. Date signed 2-8-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

28
1
3

RECEIVED

District Health Officer No. 71

District File Number 2-43-48

Date Filed 3-5-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

.....
Registered Apprentice No.

Signed: *[Handwritten Signature]*

Licensed Embalmer No. 1760

P. O. Address Avada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.